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# PROGRAMME DEVELOPMENT AND OTHER COOPERATION IN CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES**

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF cooperation in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States during 1994.

The report discusses UNICEF cooperation in terms of regular programmes, emergency assistance and situation monitoring, information exchange and policy development in the following countries: Afghanistan, Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, the Federal Republic of Yugoslavia (Serbia and Montenegro), Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Poland, Romania, the Russian Federation, Slovakia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkmenistan, Ukraine and Uzbekistan.

* E/ICEF/1995/13.

** In view of the previous regional structure, references to one country covered at present in this region, Turkey, had been included in the report on programme development in the Middle East and North Africa region (E/ICEF/1995/P/L.8) considered at the second regular session of the Board.

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## I. REGIONAL OVERVIEW

1. Important social and economic indicators for most of Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States continued to deteriorate in 1994, as compared to other countries with which UNICEF cooperates. Massive declines in industrial and agricultural outputs, breakdowns in trade, hyperinflation, civil unrest, ethnic conflicts and other factors increased potential threats to children, women and other vulnerable groups. A UNICEF report on the region launched in October 1994, Crisis in Mortality, Health and Nutrition, described the worsening social crisis in those countries, characterized by startlingly increased mortality rates, especially among the productive male population aged 20 to 59 years; the descent of large numbers of people below absolute poverty lines; the erosion of health and medical care; profound social stress; the withering away of social services, brought about by the extensive collapse of most civil and state institutions; and the immediate effects of the widening circle of poverty on family health and available food supplies. Children appear to be less affected than adults by these factors, but undoubtedly they will feel their effects as conditions become increasingly austere.

2. Infant mortality rates (IMRs) and under-five mortality rates (U5MRs) in the region remained close to 1992 levels, with most countries in fact reporting reductions of 1-2 per cent, except for Albania, Moldova and Slovakia, where increases have been registered. The highest U5MRs in the region - those for Afghanistan, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan - range between 50 and 257 per 1,000 live births, but all except Afghanistan showed a slow but encouraging downward trend between 1993 and 1994. However, the frequency of children's illnesses and a large decrease in the consumption of milk and other sources of micronutrients could be harbingers of future problems. Afghanistan's 15 years of conflict are largely accountable for its U5MR of 257 per 1,000 live births.

3. Immunization coverage rates in the region continue to be high, ranging between 80 and 90 per cent. The rates in Afghanistan, Bosnia and Herzegovina and Georgia remained below the levels for the mid-decade goals for immunization. A three-year diphtheria epidemic reached startling levels in 1994, with some 50,000 cases registered by the end of 1994, with the heaviest impact in the Russian Federation, Tajikistan and Ukraine.

4. The prevalence of iodine deficiency disorders (IDD), which are endemic in most countries of the region except the Czech Republic, Slovakia and some parts of Hungary, continues to cause concern, but Governments are beginning to respond with measures to iodize salt. Primary school enrolment levels continue to drop. Also of concern to UNICEF are negative demographic indicators, because the large decline of the birth rates of some countries reflects a collateral increase in abortion rates. Afghanistan, Bosnia and Herzegovina, Croatia, the Russian Federation, Tajikistan and the countries of the Caucasus face emergency conditions caused by armed conflict.

5. The transition from centrally planned economic systems to market economies has presented difficult challenges for the countries of the region. National economic situations differ widely, depending on how long reform policies have been in place and the commitment of Governments to implement difficult measures in the face of severe economic disruptions. Of the 24 countries in transition for which data were available, 12 had zero or negative economic growth in 1994; all but one of these had been part of the Soviet Union. On the other hand, Eastern Europe experienced a real growth of per capita income higher than the 2.3 per cent forecast for industrialized countries. This was a welcome turnaround from the average minus 5.1 per cent negative growth recorded by Eastern Europe from 1985 to 1994.

6. Unemployment has been rising throughout the region, becoming one of the most pressing issues facing the transitional economies in Eastern Europe and the republics of the former Soviet Union. As of early 1994, 10-15 per cent of the labour force in Eastern Europe lacked work, and over 40 per cent of the unemployed had been jobless for more than one year. Increased unemployment affects women more than men because employing women often entails paying greater allowances. The significance of these developments for children and women cannot be overstated in economic or social terms.

7. There has been a pronounced disruption of services because the level of affordable public expenditure cannot cope with growing social needs and costs. For the first time, families are faced with an array of fees for child care, kindergarten, school meals, textbooks, prescriptions and, in some countries, even health services. All of these factors require urgent responses which have yet to be defined in practical terms.

## II. THE CONVENTION ON THE RIGHTS OF THE CHILD, SITUATION ANALYSES AND NATIONAL PROGRAMMES OF ACTION

8. All countries in the region have ratified the Convention on the Rights of the Child, but reviews will be needed as Governments enact appropriate legislation. Because national legislatures must address many pressing issues, advocacy efforts concerning the Convention will be redoubled in 1995. In countries where there is no UNICEF programme presence, the organization will use other means, such as advocacy by National Committees for UNICEF and the development of partnership networks, to hasten the adoption of relevant laws and the promulgation of policies. As many countries in the region lack funds for implementation of the Convention, affordable measures that do not require much public outlay will be used, and the participation of the media and non-governmental organizations (NGOs) will be enlisted.

9. With UNICEF support, each of the countries of the region has prepared an analysis of the situation of children and women. These generally document that women and children in the region are facing sharp assaults on their health, education and well-being. At the same time, social safety nets are crumbling and social institutions and systems are in urgent need of reform. Increasing numbers of children are finding themselves in especially difficult circumstances, caught in war situations, abandoned in institutions, arrested because of juvenile delinquency or subject to abuse. The analyses are providing the basis for programme directions.

10. The identification of priority needs and descriptions of organizational and personnel resources contained in the situation analyses provide the framework for developing national programmes of action (NPAs) for children. To date, only the Russian Federation, in accordance with a presidential decree, has completed an NPA. A draft NPA is being reviewed in Romania, nine other countries have initiated preparatory steps and the others have indicated that they will carry out this commitment in 1995.

## III. PROGRESS TOWARDS THE MID-DECADE GOALS

11. In reviewing national progress towards the mid-decade goals, it must be remembered that most countries in the region had high levels of child protection prior to the current transition period. Preserving those achievements and restoring gains that have been lost must be priorities.

12. There are varying levels of progress towards the mid-decade goals in the region. Two thirds of the countries have reached and will maintain mid-decade target levels for four goals: 80 per cent coverage of the six diseases covered

by the expanded programme on immunization; elimination of polio and neonatal tetanus; and the goals for primary school enrolment and retention. According to government reporting figures, it seems likely that all countries except Albania, Croatia, Romania and the former Yugoslav Republic of Macedonia will have to struggle to reach the goal for the reduction of measles.

13. UNICEF is reminding Governments that vitamin A may be missing from children's diets because of the new hardships of recent years and is advocating monitoring. In 1994, progress towards the universal iodization of salt in this region of high endemicity was slow except in Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia (Serbia and Montenegro), where regulations were established to raise the iodate content of salt. There was significant progress towards full iodization of salt in Armenia and Bulgaria, and there are prospects that joint steps will be taken in 1995 by Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

14. It is not likely that any country in the region will achieve the goal of 80 per cent usage of oral rehydration therapy (ORT). Diarrhoeal dehydration has been considered a public health threat only in Afghanistan, Armenia, Azerbaijan, Georgia and the five Central Asian countries; the other countries in the region are only slowly recognizing the value of ORT in their changed circumstances. While progress is slow towards the goals for the Baby-Friendly Hospital Initiative and breast-feeding, there was progress in Armenia, Albania, Azerbaijan, Croatia, Kazakhstan, Poland, Romania and the Federal Republic of Yugoslavia (Serbia and Montenegro).

## IV. TYPES OF ASSISTANCE

15. In this region, UNICEF provides three types of assistance: (a) emergency assistance; (b) country programmes of cooperation; and (c) technical assistance and advocacy in countries without formal country programmes.

16. Emergency programmes are developed through consolidated appeals issued by the United Nations Department of Humanitarian Affairs, with the UNICEF component stressing the organizations's role in providing direct humanitarian assistance to children and women in addition to innovative "psychological first aid" activities aimed at reducing the trauma of violence on children and families. Generally, emergency activities are short term, but they also address longer-term social sector reforms and include advocacy aimed at improving resource allocations affecting services for children and women. In Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia (Serbia and Montenegro), two-year programmes for the period 1994-1995 are managed by a field-based special representative. Included in the proposed country programme for Tajikistan for 1995-1999 (E/ICEF/1995/P/L.25) is a specific emergency project. UNICEF assistance to Afghanistan has a substantial complex emergency component. In January 1995, UNICEF began a programme of emergency assistance to the Russian Federation for displaced children and families in Chechnya.

17. Countries which qualify for UNICEF country programmes (based on child population, U5MR and gross national product per capita) include Albania and Romania. Both currently have programmes that are managed by a special representative. In the same category are the five countries of Central Asia, for which five-year country programmes for the period 1995-1999 (E/ICEF/1995/P/L.25) will be submitted to the Executive Board at the present session. These programmes are managed through an area office which is headed by an area representative who is also accredited as representative to each individual country. At its second regular session of 1995, the Executive Board approved country programmes for Armenia and Azerbaijan (E/ICEF/1995/P/L.26). In 1994, the Board approved a two-year programme for Georgia (E/ICEF/1994/P/L.28).

Each of the three country programmes is managed by a resident programme officer, supported by senior regional staff based in New York. Activities in programme countries include advocacy, supply assistance, capacity-building and support for family empowerment. Sectoral assistance focuses on areas where UNICEF has strong experience and widely recognized comparative advantages: maternal and child health; nutrition; basic education; water supply and sanitation; gender-related issues; and children in especially difficult circumstances.

18. In countries where there are not country programmes, UNICEF provides funds for specific short-term projects that address urgent shortages of essential drugs and supplies to improve health delivery systems. In 1994, such assistance went to Belarus, the Russian Federation and Ukraine.

## V. COOPERATION WITH REGIONAL AND INTERGOVERNMENTAL INSTITUTIONS

19. In 1994, UNICEF sponsored four workshops on child health in cooperation with the Economic Cooperation Organization. The workshops focused on breast-feeding, ORT, the control of diarrhoeal diseases (CDD) and IDD and produced plans of action for national activities and fund-raising. In addition, UNICEF cooperation with the International Council for the Control of Iodine Deficiency Disorders resulted in important decisions to combat the serious effects of IDD in Bulgaria, the Baltic States and in the Caucasus. National initiatives are under way in Albania, Bulgaria and Slovakia, and follow-up missions are planned for the Czech Republic, Poland and Romania.

20. On 22 June 1994, members of the Social, Health and Family Affairs Committee of the Council of Europe met with UNICEF to make plans for a European strategy for children. This was in response to a decision of the Parliamentary Council of Europe, which commissioned the Committee to seek more information on policies affecting children's survival, development and protection, with a view to cooperating with UNICEF.

21. The International Symposium on Social Policies During Economic Transition, held in Beijing, China, from 18 to 21 July 1994, highlighted the need for new policies and strategies on children's health and education in countries in transition. Delegations from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan were led by Deputy Prime Ministers accountable for the social sectors in their countries, and the UNICEF team was led by the late Executive Director. The meeting considered concrete solutions aimed at positive management of social policies to advance child health, basic education and social protection.

22. November 1994 saw the latest of a series of conferences focusing on the coordination of donor support for immunization in the region through the International Immunization Coordinating Committee. Taking part in the conference, held in Amsterdam, Netherlands, were representatives of donor Governments, UNICEF, the World Health Organization and other United Nations agencies, intergovernmental organizations, NGOs and delegations from many countries in the region.

23. UNICEF is also working with international NGOs and government agencies throughout the region, including the Federation of Red Cross and Red Crescent Societies, Rotary, Médicins sans frontières, the European Union and technical support groups backed by the United States Agency for International Development.

24. In countries where programme activities have been initiated, UNICEF works closely with the representatives of the United Nations Development Programme and other United Nations agencies. In Belarus, the Russian Federation and Ukraine, the offices of the United Nations representatives have facilitated UNICEF emergency programmes and helped with advocacy.

## VI. EXPERIENCE WITH THE APPLICATION OF RECENT UNICEF POLICIES

25. A new UNICEF report, Women and gender in countries in transition: a UNICEF perspective, documents the situation of women and girls through a series of country reports, using them to summarize the key areas of concern. It also reviews the status of the region in relation to the UNICEF policy on gender equality and empowerment of women and girls; compares the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women; reviews UNICEF collaboration with NGOs and examines their role in the advancement of women and girls; and examines women's concerns and opportunities in work, in science and in health. UNICEF intends to update this report in countries in transition and to support field offices that are interested in developing this programme area.

26. With support from the NGO and National Committee Sections in the Geneva Office, National Committees for UNICEF in the region organized national preparatory meetings and sponsored 30 participants from national NGOs and National Committees to attend an NGO consultation held in Bratislava, Slovakia.

## VII. EMERGENCY OPERATIONS

27. In Tajikistan, UNICEF used $1.1 million received through the consolidated United Nations appeal to provide food, medicines, vaccines, oral rehydration salts and educational materials. UNICEF also helped to strengthen the capacity of health care delivery systems at subnational levels to cope with regular and emergency needs. Field health workers received training in the management of acute respiratory infections (ARI), CDD and immunization, and the cold chain was strengthened. In Afghanistan, UNICEF worked to help ease the winter emergency and provided relief assistance to 350,000 displaced persons around Jalalabad.

28. In Azerbaijan, with $2.8 million received in response to a United Nations inter-agency appeal for 1994-1995, UNICEF supported CDD and immunization campaigns, strengthened the cold chain and provided essential drugs and medical and educational supplies. The country programme for the period 1995-1999 (E/ICEF/1995/P/L.26), which was approved by the Executive Board at its second regular session of 1995, aims to halt increasing trends in IMR, U5MR and maternal mortality rates; strengthen the educational sector, including the promotion of reforms; and assist in the formulation of social sector policies and programming as they affect children.

29. In Armenia, UNICEF used $1.8 million received in response to an emergency appeal to provide vaccines, bedding, children's clothing, essential drugs, school kits and weaning foods. The country programme for the period 1995-1999 (E/ICEF/1995/P/L.26), which also was approved by the Executive Board at its second regular session of 1995, addresses improvement to the quantity and quality of basic services for children.

30. With $1.6 million received from a joint United Nations appeal for Georgia, UNICEF provided training in 1994 in CDD and ARI management, immunization and cold-chain supplies, essential drugs and health centre equipment. As part of the country programme approved by the Executive Board in 1993, UNICEF is helping the Government to rebuild the service infrastructure and local capacities in order to address the main problems being faced by children and women in this difficult phase of the country's transition.

## VIII. REGIONAL OFFICE SUPPORT TO COUNTRY PROGRAMMES

31. The area office for the Central Asian republics and Kazakhstan, located in Islamabad, Pakistan, the Geneva Office and the geographic section in New York headquarters continued to provide support for the country programmes in the region. In mid-1994, a regional support team was established at New York, consolidating staff from New York and Geneva, and a regional director was appointed in early July.

32. In 1994, a UNICEF mission visited Moldova to prepare a short-duration country programme for the period 1995-1996 (E/ICEF/1995/P/L.31), to be submitted to the Executive Board at the present session. The programme will attempt to address the country's deteriorating health conditions, support government efforts to preserve the quality and coverage of education services and assist the development of an NPA.

33. Pending a final decision on the establishment of a regional presence, the regional support team located at New York headquarters provides support to country programmes, in addition to assistance on situation monitoring, information exchange and policy development for non-qualifying countries.

34. Frequent visits to field locations by staff from New York, Geneva and the area office for the Central Asian republics and Kazakhstan helped to monitor ongoing programmes and prepare country programme recommendations for submission to the Executive Board in 1995. In non-programme countries, UNICEF continued to use funds from the administrative and programme support budget approved by the Board for regional activities. A project on monitoring social indicators of countries in transition in Central and Eastern Europe, initiated by the International Child Development Centre, produced two well-acknowledged reports on nine countries in the region, one of them Crisis in Mortality, Health and Nutrition. These funds were also used to support experience exchange activities, workshops, seminars and the production of relevant language versions of UNICEF materials. UNICEF also co-sponsored meetings with international NGOs. For countries without country programmes, UNICEF initiated and funded the formulation of situation analyses and workshops on NPA preparation, holding meetings in Budapest, Hungary, and Riga, Latvia.

## IX. TRENDS AND PROSPECTS

35. In 1995, UNICEF is intensifying fund-raising efforts and refining a programme strategy for the region. This will entail coordinated efforts and a focus on critical areas of need, including CDD and ARI programmes, as these illnesses account for 60 per cent of child deaths in most of the programme countries.

36. For countries without regular country programmes, advocacy-related activities for child development and protection will be intensified, with a focus on situation analyses, NPAs and experience exchanges within the framework of the Convention on the Rights of the Child and the Declaration and Plan of Action of the World Summit for Children. For potential application elsewhere in the region, the special monitoring and reform measures taken in individual countries to protect children will be analysed and documented. Experiences gained from programmes in countries such as Albania and Romania in such areas as new ways of caring for institutionalized children will be disseminated.

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